Membership Application form

Including Scheme Certification/Registration











IMPORTANT: IF YOU ARE ONLY SEEKING TO APPLY FOR ELECTRICAL WORK USE THE "APPLICATION FORM FOR ELECTRICAL WORK ONLY"

This application form is for companies wishing to receive certification of competence and approval under one or more of the following schemes: NAPIT Membership (in all cases), Competent Person Scheme (CPS), Electrotechnical Assessment Specification Certification (EAS), Electrical Third Party Certification (TPC), Microgeneration Certification Scheme (MCS), Energy Efficiency Scheme (EEM), and TrustMark (TM). This main form should be accompanied by supplementary forms where indicated. There is a separate form for Associate Membership, Corporate Membership, Electrical Duty Holder Membership and Student Membership. This form should not be used for extensions to scope or amendments to details (please use the appropriate form for each of these).

Please note: Your assessment cannot be arranged until the requested documents and application form have been received and processed.

Please fill out this application form in CAPITAL LETTERS using black ink and return with all required supporting documents then email to applications@napit.org.uk or post to NAPIT Administration Centre, 4th Floor Mill 3, Pleasley Vale Business Park, Mansfield, Nottinghamshire NG19 8RL

If you have any problems filling in this form please contact our Registrations Advisors who will be happy to assist, on 0345 543 0330

1. Compa	any Deta	ils										
Sole Trade	ader Partnership Limited Company Com					mpany Registration No.						
Other			'									
Company	registered	l name				Company	trading	name				
Building n	umber or	name				Street						
District						Town						
County						Postcode						
Business t	elephone	number				Fax Numb	er					
Enquiry e	mail addre	ess				Website a	ddress					
				ole offices or have over 1			actors c	arrying	out work app	lied for		
(we will th	nen contac	ct you for fu	ırther detai	ls and standard pricing r	may not app	ly)						
Details give	en above n	nust be tho	se which yo	ou wish to be made publ	lic on the rel	evant regist	ters as o	detailed	l in section 8.			
2. Nomin	nated Rep	oresentati	ve Details	(Primary contact)								
(if you need	d to have se	eparate cont	acts for differ	rent purposes please let us	know on a se	parate sheet))					
Title (Mr/I	Mrs/Miss/	Ms/Other)				Position						
Surname						Forename(s	s)					
Telephone	number (if different)			Mobile pho	ne num	ber				
Email add	ress											
				completed by Micro								
				also be the Nominated details below.	Technical Pe	rson provid	ling the	y are te	chnically com	petent. Tick l	box if	
Surname					Forena	me(s)						
Telephone	Telephone number (if different) Mobile phone number											
Email add	ress											
	- C A 12 -											

4. Scope of Application

Please indicate below the nature of work that you undertake, or membership sought. Then **complete and attach the supplementary form(s)** indicated in the table below, where you will be asked to indicate the schemes under which you wish to carry out this work

Area of Work / Membership Category		Supplementary Form(s)*	Schemes Available (more information on supplementary forms Abbreviations are as per the statement at the top of this form.				
Electrical work (excluding Jersey)		FORM E	CPS, EAS, TPC, GDI, EEM, TM				
Microgeneration work		FORM M	MCS, EEM, CPS, GDI, TM				
Heating work		FORM H	CPS, EEM, GDI, TM				
Ventilation & air conditioning work		FORM V	CPS, EEM, GDI, TM				
Plumbing work		FORM P	CPS, EEM, GDI, TM				
Building fabric work		FORM B	CPS, EEM, GDI, TM				

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Insurance	company				Poli	cy number					
Cover (£) Policy expiry date											
Professional Indemnity	Insurance ((Where relevant)									
Insurance	company				Poli	cy number					
Cover (£) Policy expiry date											
If you do not have insura	ance in plac	e we do have our	own insurance tea	m, please ti	ck here to req	uest a call	back				
6. Previous/other cer	tification (or legacy issues									
If you have bee	en a membe	er of NAPIT before	please provide you	ur members	ship number:						
If you are transferring from another certification/registration body please state their name:											
In relation to the scop	e of certific	cation/registration	n/membership appl	ied for plea	se answer the	following	questions:	YES	N	Ю	
	Are you	currently a mem	ber of another cert	ification/reខ្	gistration body	for these	activities?				
		Have	you ever had certif	fication/regi	stration withd	rawn or su	spended?				
		Have you eve	er made an unsucce	essful applic	ation for certif	ication/reg	gistration?				
			pen non-conformiti				-				
		, ,	action against the				plied for?				
If the answer to any of t	he above it	ems is "YES" pleas	se provide details b	elow or atta	ach further info	ormation:					
7. Geographical Cove	rage (plea										
England Wales Scotland N.Ireland Other (e.g. IoM, Jersey etc)											
8. Public Registers Your company name, scl will be listed on www.na NAPIT Scheme Rules.*											
9. Declaration by an A	Authorised	d Representativ	e of the Company	y (this MUST	be a Director, P	artner or O	wner of the (Company)			
I confirm that the inform on this form or any supp Any changes will be noti	lementary	form for the purp									
By signing this agreement required by the NAPIT S	nt, you auth cheme rule	norise NAPIT to ca s.*	rry out credit check	ks on you ar	nd your busine	ss through	out the teri	m of your me	mbersh	ip, as	
I have read, understood and agree on behalf of the company named in this application to abide by the relevant NAPIT Scheme Rules* and all documents referred to therein. I understand that I may be asked to provide further information in order to progress with this application.											
Name				Position	1						
Signature				Date	2						
10. Promotional Code	9										
A promotional code may circumstances e.g. exhib								able			
11. Payment										Tick	
Payment already arrange	ed via NAPI	T Registration Tea	m								
Request a call back by ou				(Card, BAC	S, Direct Debit)					
Important Notes:											
1. The supplementary form	c indicate the	at the estimated ass	accments are haced o	n accumption	ns that all itams	annlied for	an ha accac	ed on the arra	and vic	i+	

- The supplementary forms indicate that the estimated assessments are based on assumptions that all items applied for can be assessed on the arranged visit.
 Where that is not possible additional fees could arise, but this should be identified before the assessment goes ahead.
- 2. The initial payment only relates to the application, and initial assessment, for certification/registration. Other fees will apply for other activities (for example experienced worker route assessment, reassessment, renewal, work notification, cancelled assessments).
- 3. If the operative information provided indicates the need for an Experienced Worker Route (EWR) assessment, NAPIT will contact you to discuss the process and fees involved. This is available for heating, ventilation/air conditioning and plumbing operatives.
- 4. MCS applicants should note that they must join a CTSI Approved Consumer Code Scheme which is not done via NAPIT and incurs additional charges from the Approved Consumer Code Scheme.

5. Insurance

Sheet 2 of 4

^{*5.} For NAPIT scheme rules and Terms and Conditions please visit www.napit.org.uk

Application form V:

Ventilation and Air Conditioning Work







Ventilation and air conditioning work can be assessed and certificated to meet the requirements of the following Government* schemes.

Please indicate below which schemes you wish to join then complete the scope of assessment table to give more detail about the nature of your work.

Company Name:

Avail	Available Schemes					
CPS	Competent Person Schemes (CPS) allowing self-certification against the Building Regulations in England and Wales.					
EEM	Energy Efficiency Measures (EEM) via PAS2030 certification for installing energy efficiency measures including funding initiatives such as Energy Company Obligation (ECO). To carry out work under ECO, you will also need to be TrustMark registered.					
GDI	Green Deal Installer (GDI) , in addition to EEM certification an assessment against the Green Deal Code of Practice allows listing as a green deal participant for carrying out installation work funded with Green Deal finance.					
TM	TrustMark is a scheme to help consumers identify a reputable tradesperson. NAPIT Scheme Members doing domestic work are eligible to be listed where relevant as "Air Conditioning Engineer" on the TrustMark site.					

ASSESSMENT

For ventilation and air conditioning work, assessments will be arranged based on the scopes applied for below. Assessment includes competence and installation work against the Minimum Technical Competence document. Where the scope includes EEM work assessments will be assessed against the standard PAS2030.

Column A is used to identify how many site assessments are needed and column B to determine the detailed scope of certification. It is assumed that all the items in column B will be available to assess competence on the visit (generally the most complex system will be seen). If the visit requires more than one site only those within a 30 minute journey will be valid without further charges.

Scope of Assessment	Tick (A)	Schemes	Scope of Certification within the Assessment	Tick (B)
		CPS, EEM, GDI	Mechanical ventilation systems with heat recovery	
Daniel de la contraction de la		CPS	Mechanical ventilation systems without heat recovery	
Domestic ventilation systems		EEM, GDI	Ventilation system controls	
		CPS	Extractor fan in a new building (Same room as an open flued appliance)	
		CPS	Mechanical ventilation systems with heat recovery	
Non-domestic ventilation system		CPS	Mechanical ventilation systems without heat recovery	
		CPS	Ventilation system controls	
Domestic air conditioning		CPS, TM	Air conditioning systems	
systems		EEM, GDI, TM	Air conditioning controls	
Non-domestic air conditioning		CPS	Air conditioning systems	
system		CPS	Air conditioning controls	
Electrical installation work that can be covered within one or more of the above		CPS	Defined scope electrical installation work	

Number of Competent Operatives

Enter the total number of competent operatives for the above scope of work and complete the following page for each of them.

Operative details

(Refer to the document "NAPIT Registration Guide to Qualifications Requirements - VAC")

If you have several operatives please photocopy this form for each individual. If applying without qualifications/certificates but with over 3 years experience you will need to undergo an Experienced Worker Route (EWR) Assessment

A. Personal details (These will be held in accordance with the Data Protection Act)										
Title (Mr/Mrs/Miss/Ms/Other)					National Insurance No.					
Surname						Date of birth				
Forename(s)										
B. Scope of ventilation / air conditioning competence claimed (Please select all that apply)										
Mechanical ventilation Air conditioning Electrical work for VAC								lectrical work for VAC		
C. Applying as an	ovietina on muo	vieve /lee	t 2 vooyo) vo	aistonos	Loon	anatant na				
C. Applying as an		vious (ias	t z years) re	gistered	CON					
Name of Registration	т воау					Date	of last assessm	ent		
D. Applying as a q	ualified perso	n or an ex	perienced p	erson						
Applying holding rele	vant qualificatio	ns or certif	icates.			~	•		th >3 years experience	
See Qualifications Gu	ide and complet	e E, F and	G below	Co	mple	te F and G be	elow, you will n	eed an EW	VR Assessment	
E. Details of qualifications held (Please refer to the Qualifications Guide and identify those which satisfy each of the following requirements, if you hold a qualification not listed in the Guide that you think is satisfactory please contact NAPIT for it to be considered)										
Area of competence	Area of competence NAPIT Code Date Gained								Date Gained	
Electrical work (for de	efined scope elec	ctrical worl	k related to VA	AC please	sub	mit a copy of	the NAPIT ele	ctrical ope	rative form)	
Mechanical ventilatio	n									
Air conditioning										
F. Indicate how many years' experience you have in each area of ventilation / air conditioning										
Mechanical ventilation Air conditioning										
G. Details of ventilation / air conditioning competence history (entries should cover relevant plumbing experience)										
Date From	Date To	E	mployer / so	ole tradi	ng c	or training o	organisation		Role held	

Please enclose/email:

- 1. Copies of all qualifications/certificates indicated above (or evidence of previous registration for section C).
- 2. Email us a clear head and shoulders image from any device or send us two copies of a head and shoulders photograph with the name of the individual clearly written on the back.